

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016177

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 261

Primary Registration District No. 3048

Registrar's No. 118

FILED APR 23 1962

1. PLACE OF DEATH

a. COUNTY

Nodaway

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Maryville

Length of stay in 1b

5wks, 2days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Nodaway

c. CITY OR TOWN Stanberry

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION St. Francis Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS Fr Stanberry

1 1/2 miles west, 1 mile N., 1 mile W

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)

First

ELLEN

Middle

Last

Mc QUINN

4. DATE OF DEATH

Month

April

Day

11

Year

1962

5. SEX

Female

6. COLOR OR RACE

Cau

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Dec 18, 1878

9. AGE (last birthday)

83 yrs

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

see 10a

11. BIRTHPLACE (City and state or country)

Tarkio, Missouri

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

William Gaffney

13b. MOTHER'S MAIDEN NAME

Catherine O'Hearn

14. NAME OF HUSBAND OR WIFE

Daniel Joseph McQuinn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

17. INFORMANT

Address

Mrs Lawrence Wonderly, Guilford, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral vascular

INTERVAL BETWEEN ONSET AND DEATH

5wks

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

arteriosclerosis with

DUE TO (c)

hemiplegia

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-5-62 to 4-11 and last saw her alive on 4-11-62

Death occurred at 3:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

J.C. Bauman MD

22b. ADDRESS

12150 Main Mayotte

22c. DATE SIGNED

4-13-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

April 14, 1962

23c. NAME OF CEMETERY OR CREMATORY

St Columba Cemetery

23d. LOCATION (City, town, or county)

Conception, Missouri

(State)

24. EMBALMER'S NAME

Johnson

ADDRESS

JOHNSON FUNERAL HOME STANBERRY, MISSOURI

25. DATE RECD. BY LOCAL REG.

4-13-62

26. REGISTRAR'S SIGNATURE

Beas Bolt

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0745

2 0740

3

4 1

5 2

6

7 0

8 2

9 334X

10

11

12 2-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Les Evan Johnson Sr.

Licensed Embalmer No.

7948

P. O. Address

Stanberry, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.